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**Pandemic Influenza Vaccines and Vaccine
Development
Challenges and opportunities**

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Influenza Pandemics

3 pandemics of influenza in 20th century

- 1918 Spanish Flu pandemic caused at least 675,000 U.S. deaths and up to 50 million deaths worldwide**
- 1957 Asian Flu pandemic caused at least 70,000 U.S. deaths and 1-2 million deaths worldwide**
- 1968 Hong Kong Flu pandemic caused about 34,000 U.S. deaths and 700,000 deaths worldwide**

Prevention and Control of influenza

Vaccines

1940s: Egg-based inactivated vaccines

2003: A live, attenuated, cold adapted, temperature sensitive, trivalent influenza virus vaccine (LAIV) was licensed in the United States.

Antiviral drugs for prophylaxis and treatment

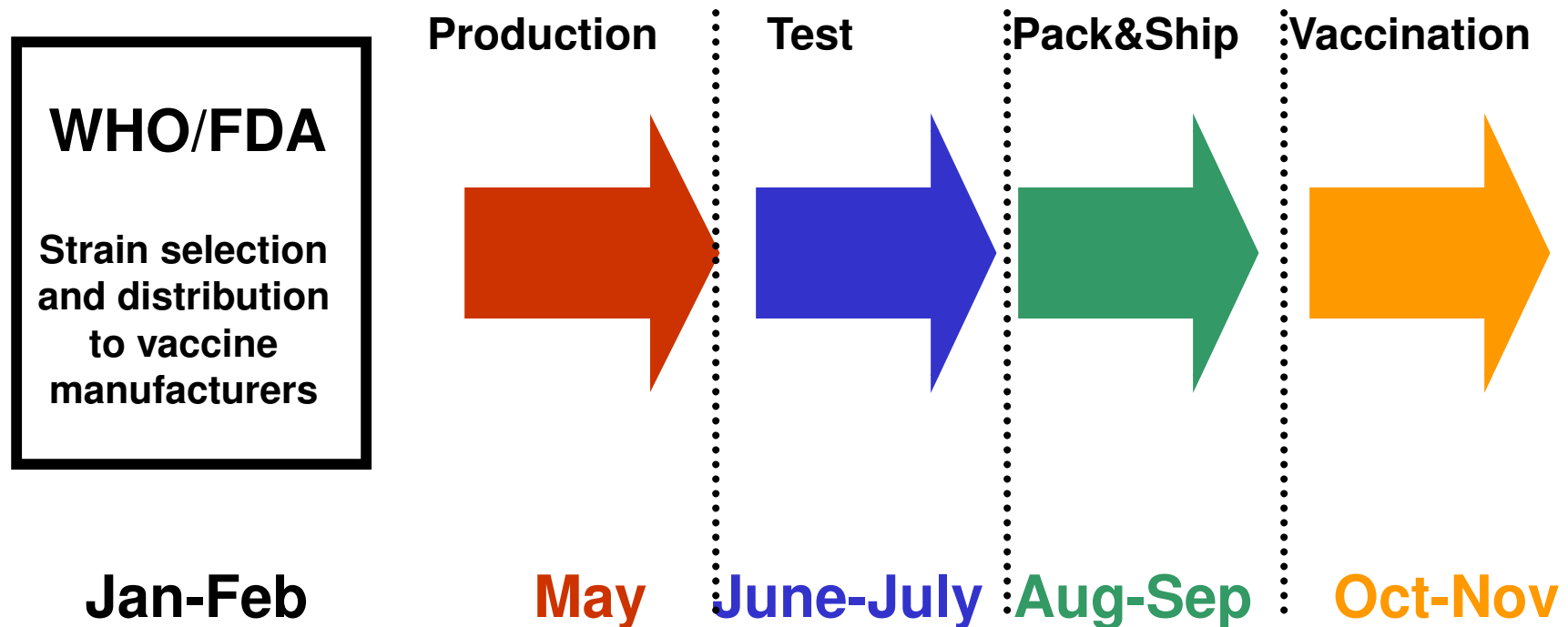
1966: M2 Ion-channel blockers: inhibit the replication of influenza A viruses by interfering with the uncoating of the virus inside the cell

1999: Neuraminidase inhibitor (Oseltamivir): prevents the release of new viral particles from infected cells



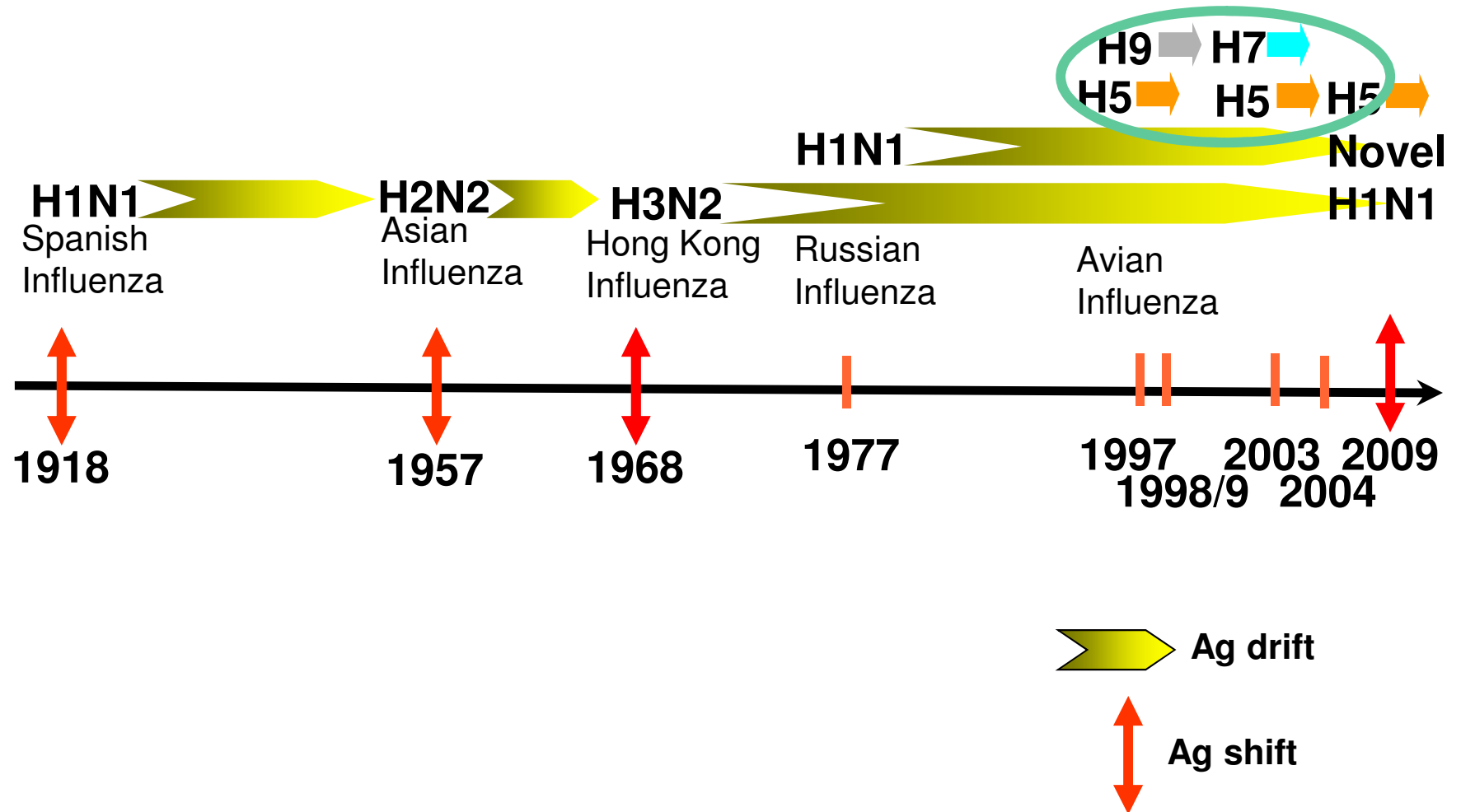
Preventive vaccination is the most cost-effective public health intervention strategy to protect the population

Timeline of influenza vaccine production: Egg-based technology



- Inactivated split virus vaccines: Sanofi, GSK, Novartis, CSL, Solvay and others
- Live attenuated: FluMist, Astra Zeneca; Microgen

Emergence of Influenza A Viruses in Humans

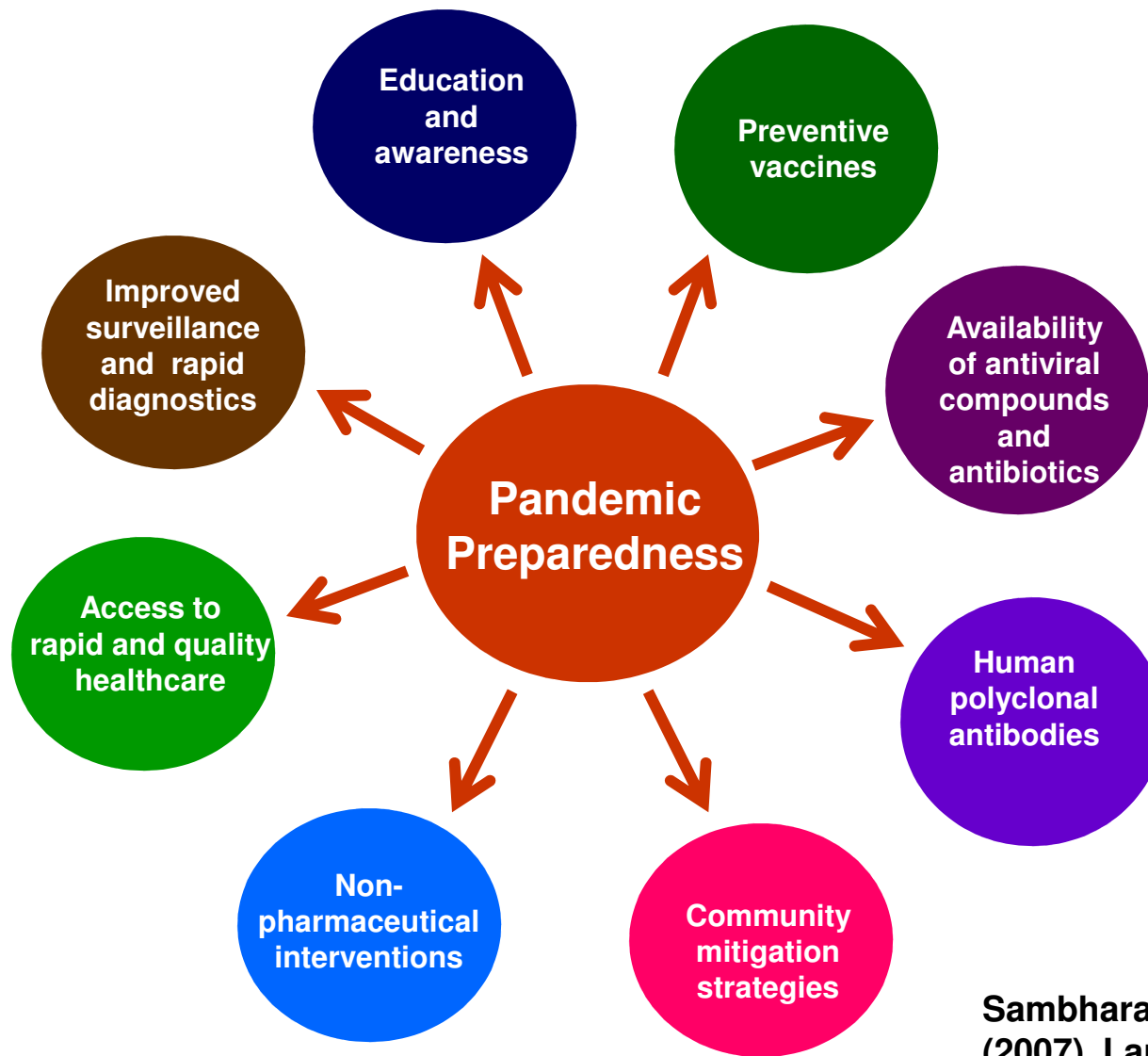


Current situation with Avian Influenza H5N1 viruses

- **H5N1 viruses detected in birds in 65 countries**
- **12 countries reported 504 confirmed human cases with 299 fatalities (about 60% case fatality) due to H5N1 virus infection since 2003**
- **Virus has drifted into several different clades**
 - **Multiple subclades in each clade**
- **Potential of anti-viral resistance**
- **Currently licensed tri-valent seasonal vaccines consisting of H1N1, H3N2, and B components do not provide protection against H5N1 viruses**



Global Public Health Measures



Sambhara and Poland
(2007), Lancet



Pre- pandemic H5N1 influenza Vaccines

- Egg-derived rgH5N1 vaccines
- Clade 1 vaccine
 - Needed at least 2 doses of split vaccine at 90µg/dose (Treanor et al 2006) **53%** of the vaccinees had a neutralization titer of ≥ 40
 - 2 doses of split vaccine 30µg with alum as an adjuvant (Bresson et al 2006) **41%** of vaccinees had 4-fold increase in neutralization titers
 - 2 doses of whole-inactivated vaccine at 10µg with alum as an adjuvant (Lin et al 2006) **50%** of the vaccinees had a neutralization titer of ≥ 40 .

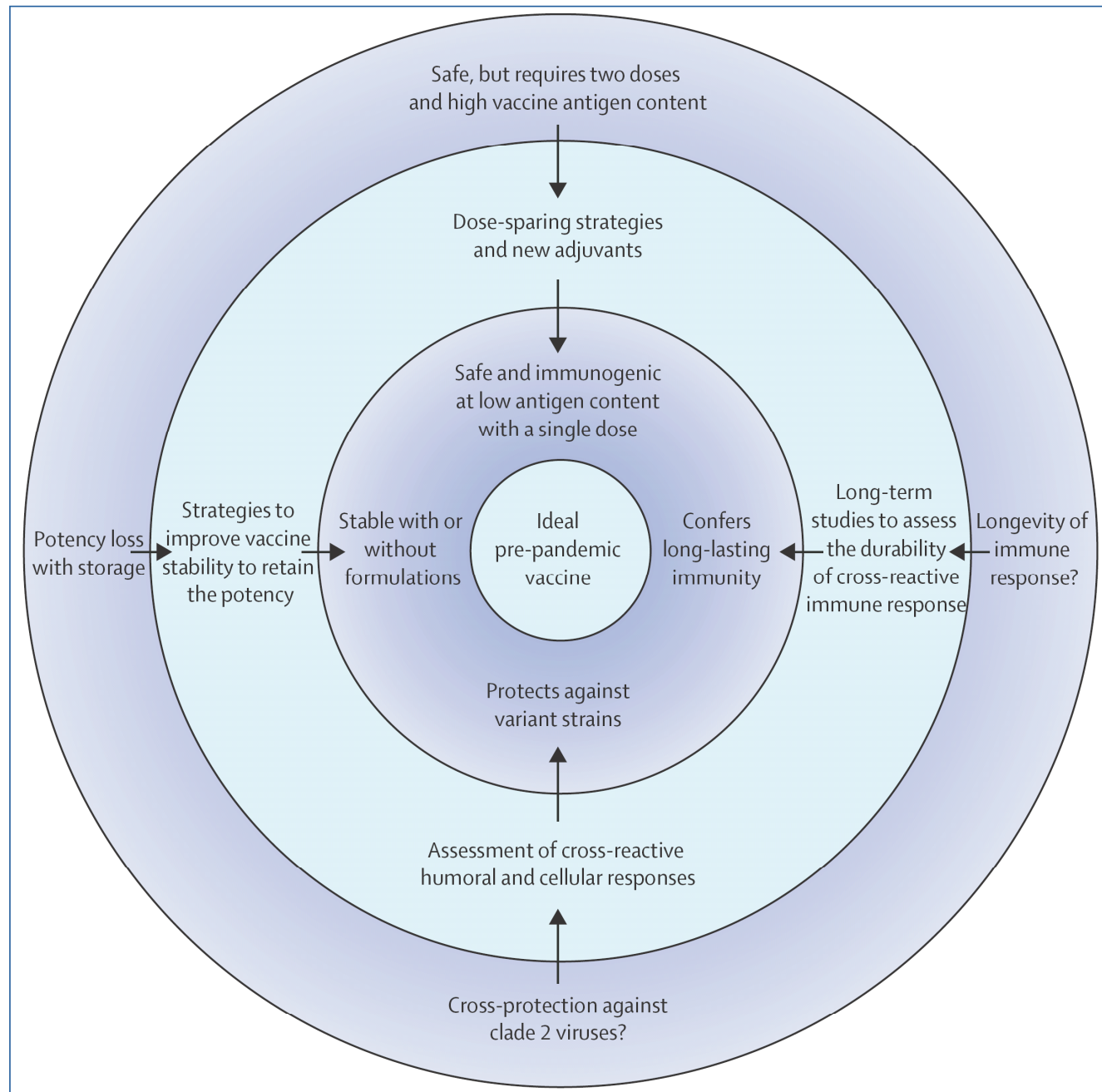


Figure: "Target" paradigm of H5N1 pandemic vaccine development

Sambhara et al (2007),
Lancet Infect Dis



Challenges: Vaccine availability in a H5N1 pandemic 2004-05

Influenza vaccines are egg-derived. H5N1 viruses are highly lethal to poultry. Availability of eggs for vaccine production in the event of a H5N1 pandemic?

The global demand for vaccines will be > 4-8 billion doses to prevent/contain a pandemic that results in high case fatality. Existing vaccine production capacity (300 million trivalent doses) cannot meet the demand

- Adjuvants to enhance immunogenicity and achieve antigen dose-sparing**
- Exploring egg-independent vaccine production strategies**

Ideal Adjuvant/Formulation

1. Safe (alone or in combination, **potential risk vs benefit**)
2. Biodegradable
3. Induces robust immune response
4. Chemically and biologically well defined
5. Antigen dose-sparing
6. Stable
7. **Affordable and available without any restrictions**
8. Induces humoral and cellular immunity

Pre- pandemic influenza Vaccines

Egg-derived rgH5N1 vaccines with oil-in-water emulsions

GSK

- 2 doses of 3.8 μ g with ASO3

Sanofi

- 2 doses of 3.75 μ g of antigen with AFO3

Novartis

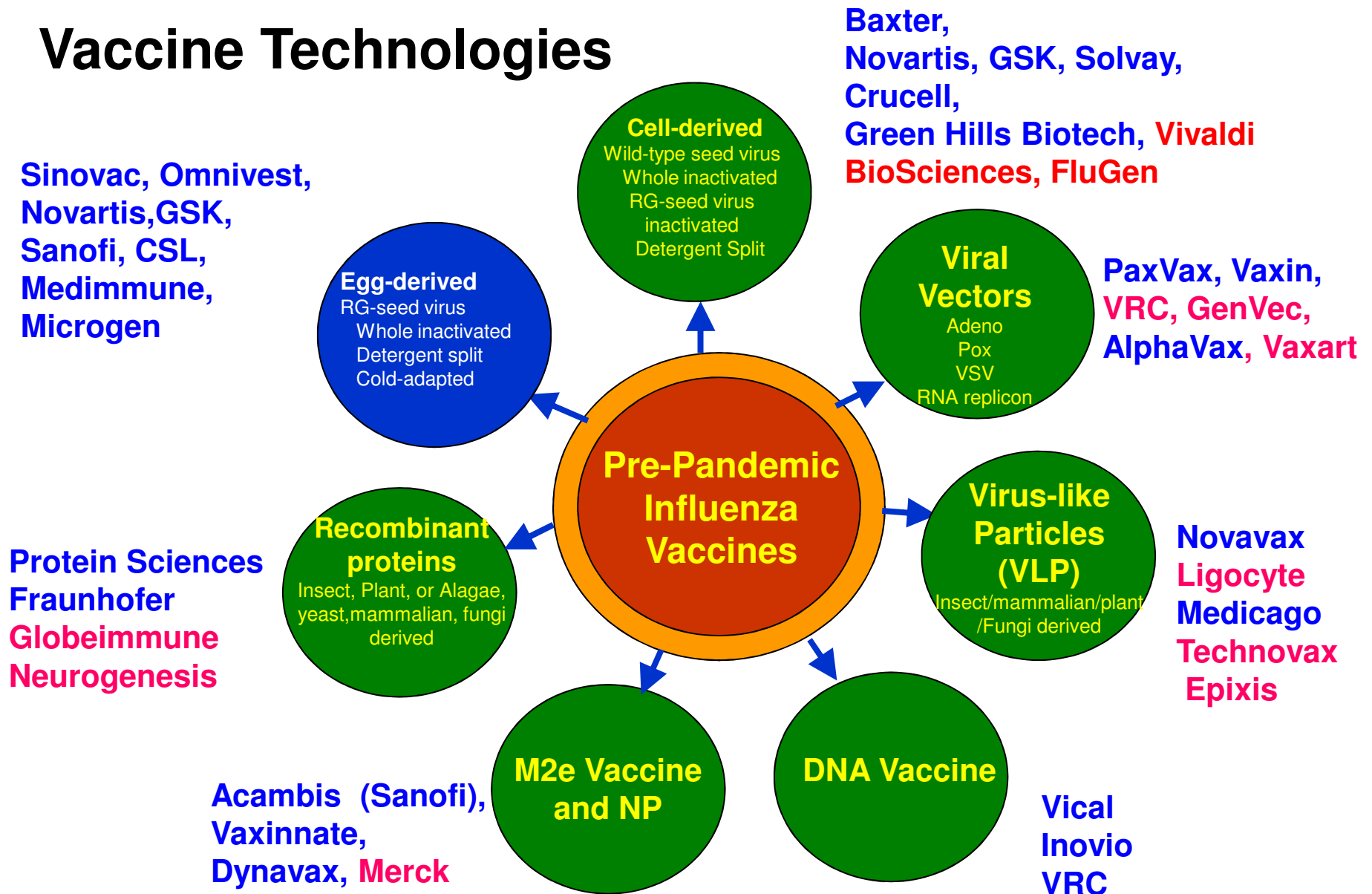
- 2 doses at 7.5 μ g with MF59

Resulted in significant seroprotection rates (>80%)
and cross-clade reactivity

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Vaccine Technologies



An adenoviral-vector-based approach for pandemic influenza vaccine

Advantages for using Non-replicating adenoviral vectors expressing avian HA (HAd-H5HA)

- **Egg-independent strategy**
- **Vaccine qualified cell lines are available**
- **Safety profile is known**
- **No need for high containment**
- **Millions of doses of vaccine can be made within a reasonable time i.e., 30 days**
- **Effectively delivered by mucosal/parental route**
- **Non-pathogenic for their natural hosts**
- **No integration into the host genome**

Development of adenoviral-vector-based pandemic influenza vaccine against antigenically distinct human H5N1 strains in mice

Mary A Hoelscher, Sanjay Garg, Dinesh S Bangari, Jessica A Belser, Xiuhua Lu, Iain Stephenson, Rick A Bright, Jacqueline M Katz, Suresh K Mittal, Suryaprakash Sambhara

Lancet (2006)

New Pre-pandemic Influenza Vaccines: An Egg- and Adjuvant-independent Human Adenoviral Vector Strategy Induces Long-lasting Protective Immune Responses in Mice

Clin Pharmacol Ther (2007)

MA Hoelscher^{1,3}, L Jayashankar^{2,3}, S Garg¹, V Veguilla¹, X Lu¹, N Singh², JM Katz¹, SK Mittal²
and S Sambhara¹

A Broadly-Protective Pandemic Influenza Vaccine Against Clade 1 and Clade 2 H5N1 viruses

Mary A. Hoelscher[†], Neetu Singh^{1†}, Sanjay Garg, Lakshmi Jayashankar¹, Vic Veguilla, Aseem Pandey¹, Yumi Matsuoka, Jacqueline M. Katz, Ruben Donis, Suresh K. Mittal^{1*}, and Suryaprakash Sambhara^{*}

J Infect Dis (2008)



Conclusions

HAd-H5HA is

- **Immunogenic**
- **induces long-lasting humoral and cellular responses**
- **Confers protection against homologous as well as antigenically distinct strains of H5N1 viruses**
- **Inclusion of conserved proteins broadens the immune response**

Phase 1 clinical trial with Ad4-H5HA was completed by PaxVax. Oral delivery as a tablet and the cost per dose is \$0.10

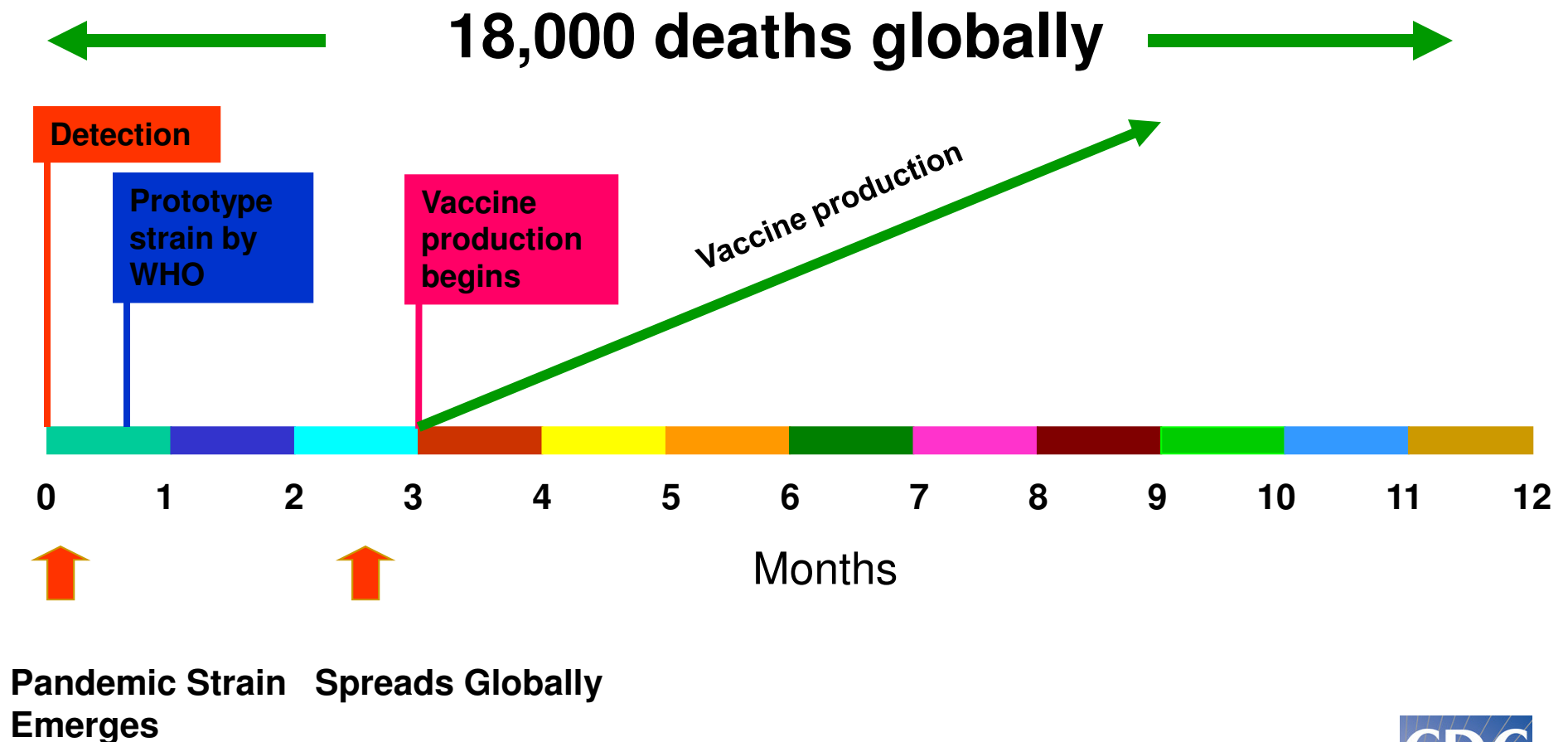


**If Pandemic strain is distinct from the
stockpiled Pre-pandemic vaccines and not
even an H5N1,**

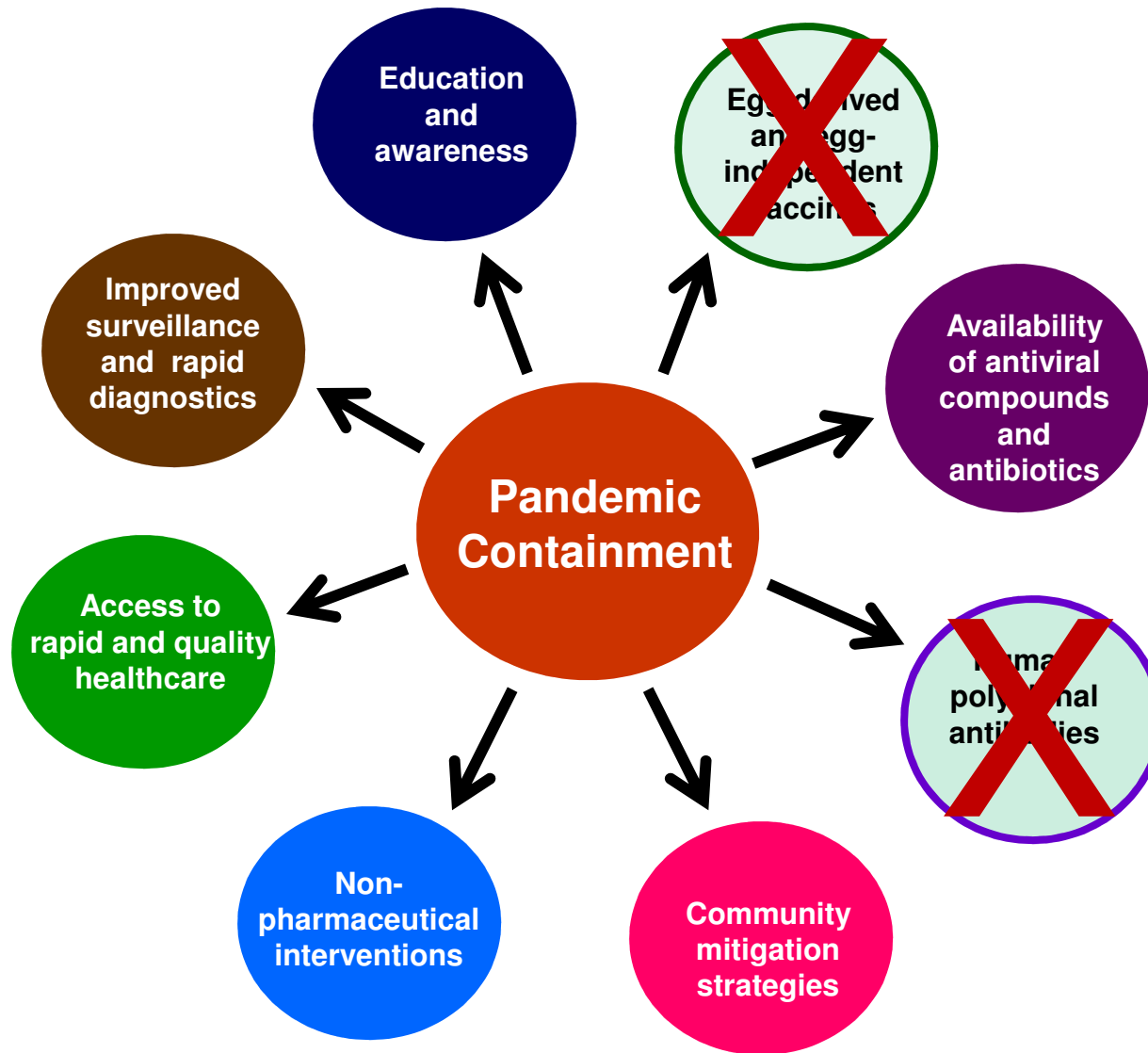
**What technologies are available to make a
Pandemic vaccine in the shortest possible
time-frame to contain the pandemic?**

2009 Novel A/H1N1 pandemic

Developing Vaccine against pandemic influenza virus in a pandemic

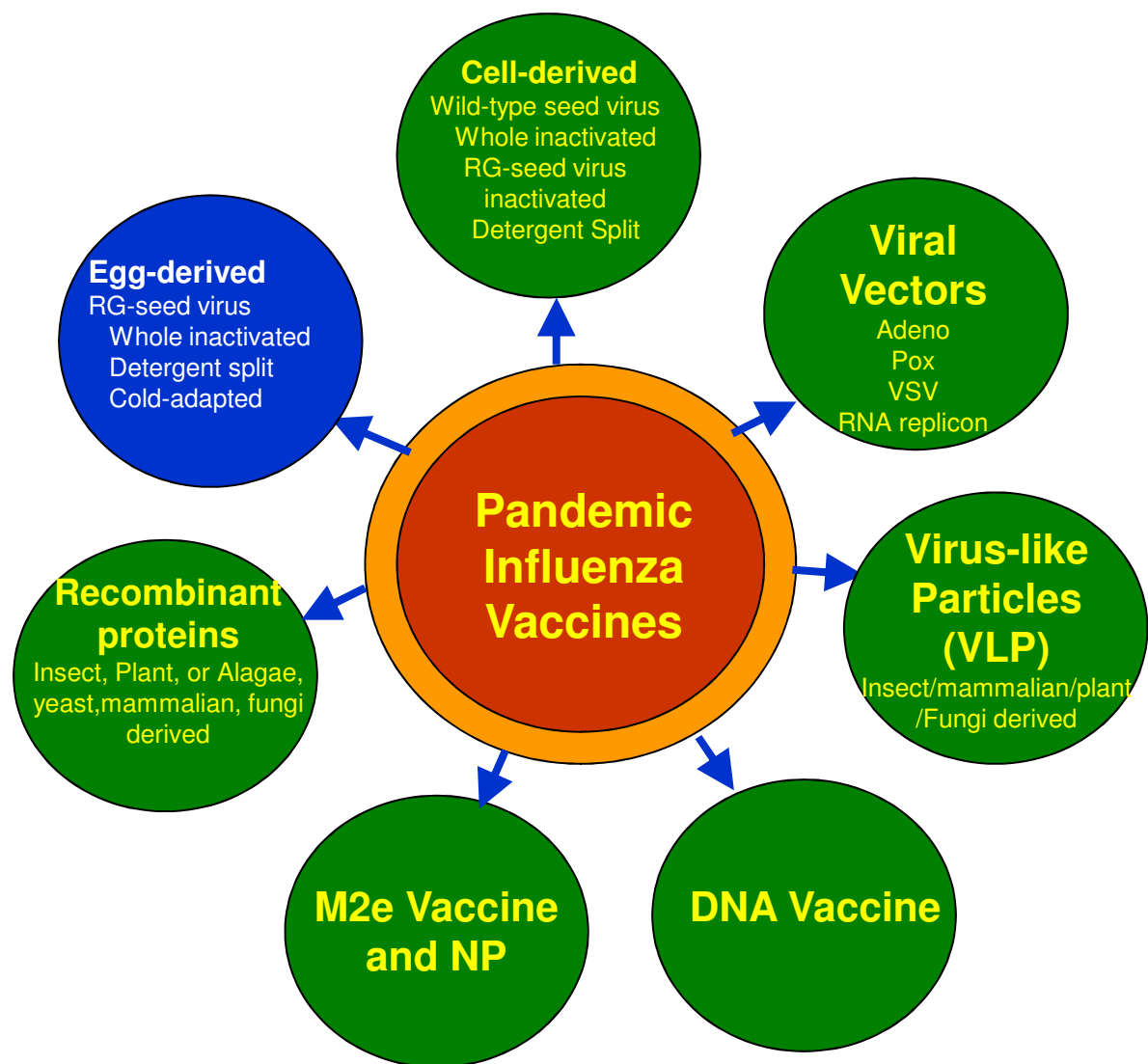


Global Public Health Measures to contain a pandemic



Vaccine Production Technologies

Concept to Customer: Limitations & Hurdles



- Which technology?
Technology transfer issues

- Antigen production timeline

- Access to Adjuvants

- Regulatory requirements